

J 113 U.S. PTO
11/19/01Please type a plus sign (+) inside this box → PTO/SB/05 (03-01)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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11/19/01

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

David A. Mantilla

Title

Telephone-and network-based

Express Mail Label

ET 857775098 US

medical
triage
system
and
process**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|--|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 37] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 24]</p> <p>5. Oath or Declaration [Total Pages 2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies </p> |
|--|--|

ACCOMPANYING APPLICATION PARTS

- | |
|---|
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <i>If claims not adequate, request examiner draft claims pursuant to MPEP 707.07</i></p> |
|---|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No.: _____

Prior application information: Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

| | | | | | |
|--|--|-----------|--------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> Customer Number or Bar Code Label | <i>(Insert Customer No. or Attach bar code label here)</i> | | | <input checked="" type="checkbox"/> | Correspondence address below |
| Name | David A. Mantilla | | | | |
| Address | 3967 Sedgwick Avenue | | | | |
| City | Bronx | State | NY | Zip Code | 10463 |
| Country | U. S. A. | Telephone | 718-543-4879 | Fax | |

| | | |
|-------------------|--------------------------|-----------------------------------|
| Name (Print/Type) | David A. Mantilla | Registration No. (Attorney/Agent) |
| Signature | <i>David A. Mantilla</i> | |
| | Date | Nov 16, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)370.00

Complete if Known

| | |
|----------------------|--------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | <u>DAVID A. MANTILLA</u> |
| Examiner Name | |
| Group Art Unit | |
| Attorney Docket No. | |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

| | |
|------------------------|--|
| Deposit Account Number | |
| Deposit Account Name | |

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------|---------------|------------------------|------------|
| Fee Code (\$) | Fee Code (\$) | | |
| 101 740 | 201 370 | Utility filing fee | <u>370</u> |
| 106 330 | 206 165 | Design filing fee | |
| 107 510 | 207 255 | Plant filing fee | |
| 108 740 | 208 370 | Reissue filing fee | |
| 114 160 | 214 80 | Provisional filing fee | |

SUBTOTAL (1) (\$)370

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------------|--------------------|--------------|----------------|----------|
| | | | -20** = | X | = |
| | | | - 3** = | X | = |
| | | | | | |

| Large Entity | Small Entity | Fee Description |
|---------------|---------------|--|
| Fee Code (\$) | Fee Code (\$) | |
| 103 18 | 203 9 | Claims in excess of 20 |
| 102 84 | 202 42 | Independent claims in excess of 3 |
| 104 280 | 204 140 | Multiple dependent claim, if not paid |
| 109 84 | 209 42 | ** Reissue independent claims over original patent |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)0

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity | Small Entity

| Fee Code (\$) | Fee (\$) | Fee Code (\$) | Fee (\$) | Fee Description | Fee Paid |
|---------------------------|------------|---------------|----------|--|----------|
| 105 130 | 205 65 | | | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | | | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | | | Non-English specification | |
| 147 2,520 | 147 2,520 | | | For filing a request for ex parte reexamination | |
| 112 920* | 112 920* | | | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* | 113 1,840* | | | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | | | Extension for reply within first month | |
| 116 400 | 216 200 | | | Extension for reply within second month | |
| 117 920 | 217 460 | | | Extension for reply within third month | |
| 118 1,440 | 218 720 | | | Extension for reply within fourth month | |
| 128 1,960 | 228 980 | | | Extension for reply within fifth month | |
| 119 320 | 219 160 | | | Notice of Appeal | |
| 120 320 | 220 160 | | | Filing a brief in support of an appeal | |
| 121 280 | 221 140 | | | Request for oral hearing | |
| 138 1,510 | 138 1,510 | | | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | | | Petition to revive - unavoidable | |
| 141 1,280 | 241 640 | | | Petition to revive - unintentional | |
| 142 1,280 | 242 640 | | | Utility issue fee (or reissue) | |
| 143 460 | 243 230 | | | Design issue fee | |
| 144 620 | 244 310 | | | Plant issue fee | |
| 122 130 | 122 130 | | | Petitions to the Commissioner | |
| 123 50 | 123 50 | | | Processing fee under 37 CFR 1.17(q) | |
| 126 180 | 126 180 | | | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | | | Recording each patent assignment per property (times number of properties) | |
| 146 740 | 246 370 | | | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 740 | 249 370 | | | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 740 | 279 370 | | | Request for Continued Examination (RCE) | |
| 169 900 | 169 900 | | | Request for expedited examination of a design application | |
| Other fee (specify) _____ | | | | | |

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)0

| | | | |
|-------------------|--------------------------|--------------------------------------|---------------------|
| SUBMITTED BY | Complete (if applicable) | | |
| Name (Print/Type) | <u>DAVID A. MANTILLA</u> | Registration No. (Attorney/Agent) | <u>718-543-4879</u> |
| Signature | <u>DAVID A. MANTILLA</u> | | |
| Date | <u>NOV 9, 2001</u> | | |

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